



South Carolina Lt. Governor's Office on Aging  
Emergency Rental Assistance Program  
1301 Gervais Street, Suite 350  
Columbia, South Carolina 29201

### **APPLICATION FOR RENTAL ASSISTANCE**

For questions or assistance, please contact Pamela Grant at 1-800-868-9095.

The Lieutenant Governor's Office on Aging has been awarded a grant from the South Carolina Housing Authority to administer an emergency rental assistance program throughout the state for persons age sixty (60) and older and who are at 150% of the federal poverty level or below. The information provided on this application will be used to determine if you are eligible for assistance. All applicants must be on the lease to apply for assistance.

Funding for the emergency rental assistance program is limited. Assistance is given on a first-come, first-served basis. All applicants should complete all sections of the application and provide proper documentation and identification. Any application that is not completed in its entirety could delay funds. Once an applicant is deemed eligible, funds will be sent directly to the Property Manager/Landlord by the Lt. Governor's Office on Aging.

#### **Instructions:**

Read this application carefully and fill out each section that applies to you or a member of your household. Provide as much information as possible. If you cannot fit all of the information in the space provided, please use additional sheets.

**PLEASE COMPLETE THIS ENTIRE APPLICATION.**  
**Incomplete applications will result in the application being returned to you.**

#### **Privacy Act Statement:**

The Lt. Governor's Office on Aging will comply with the Federal Privacy Act Statement and will use the information on this form to determine maximum income for eligibility. Any information obtained will not be disclosed outside the Agency except as required and permitted by law. You do not have to disclose this information, but, if you do not, your eligibility approval may be delayed or rejected.



Do you meet the federal poverty guidelines for eligibility? ☐ Yes ☐ No  
 (See federal guidelines below: For each additional person, add \$6,030.)

**2013 Federal Level Poverty Guidelines**

<b>Persons in Family or Household</b>	<b>150%</b>
1	\$17,235
2	\$23,265
3	\$29,295
4	\$35,325
5	\$41,355
6	\$47,385
7	\$53,415
8	\$59,445

Name of Landlord: \_\_\_\_\_

DBA: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip  
 Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**You must give Property Manager/Landlord contact information for application to be approved.**

Submission of this application gives your consent for the Lt. Governor's Office on Aging and/or the Information and Referral Specialist to contact your Property Manager or Landlord. I understand that false information or statements are punishable by federal law. I certify that all information I have provided in this application is complete and accurate. I have read and understand this statement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use Only</b>	
Tax ID Number:	W-9 Received: <input type="checkbox"/> Yes <input type="checkbox"/> No
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, reason:
Amount Approved: \$	Check #:
Tenant Name:	Mail Date:

July 2013



## Landlord Verification

For questions or assistance, please contact Pamela Grant at 1-800-868-9095.

Name of Tenant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: SC Zip: \_\_\_\_\_

Amount of Rent: \_\_\_\_\_ If in arrears, how much?: \_\_\_\_\_

Amount of Assistance Requested (include late fees): \_\_\_\_\_

\_\_\_\_\_  
Signature of Landlord/Property Manager

\_\_\_\_\_  
Federal Tax ID or Social Security Number